106456

(Re	equestor's Name)	
(rec		
(Ac	ddress)	
		
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAI	L
. (Ви	usiness Entity Name)	
(Do	ocument Number)	
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AND AHASSEE, FLORID

APPROVEU FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cape C	anaveral Ho	spital, Inc.
DOCUMENT NUMBER: 06456		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kim Nowakowski		
	(Name of Contact Persor	1)
Health First, Inc.		
	(Firm/ Company)	
6450 US Highway 1		
	(Address)	
Rockledge FL 32955		
	(City/ State and Zip Code	e)
kimberly.nowak	kowski@hea	<u> </u>
	•	iouncation)
For further information concerning this matter, plea		40440=0
Kim Nowakowski	_{at} 321	<u>_</u> 434-4378
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee Certificate of State	& 🗆\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Cape Canaveral Hospital, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N06456 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

am	endment(s) to its Articles of Incorporation:	
A.	If amending name, enter the new name of the corporation:	
		_The net
	me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co." may not be used in the name.	or "Inc.
В. <i>(Р</i>)	Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	- -
C.	Enter new mailing address, if applicable:	-
	(Mailing address MAY BE A POST OFFICE BOX)	_
		ŢĄŢ.
D.	If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	CRETARY OF STAT LAHASSEE, FLORI
	Name of New Registered Agent:	Y OF S
	(Florida street address) New Registered Office Address:	STATE LORIDA
	, Florida	
	(City) (Zip Code	e)
	ew Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doc c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V/CAO	Randy Currin	701 W. Cocoa Beach Causeway
Add			Cocoa Beach, FL 32931
X Remove			
2) Change	P	William Calhoun	701 W. Cocoa Beach Causeway
X Add			Cocoa Beach, FL 32931
Remove 3) X Change	V	James Stuart Mitchell III	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
4) Change			
Add			
Remove			
5) Change		W	
Add			
Remove			
6) Change			
Add			
Remove			

·	(Be specific)
	. ,

The	, if other than the		
	date this document was signed. Effective date if applicable: October 1, 2014		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Se	ptember 2, 2014	
	Signature	Carl 2 Watte	
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	David	E. Mathias	
		(Typed or printed name of person signing)	
	Assista	ant Secretary	
		(Title of person signing)	